

Change of Employer Transfer form

This form may be used to notify Bankmed when an existing Bankmed member changes from one participating employer (e.g. Absa, FNB, SBSA etc.) to another participating employer and wishes to retain his/her Bankmed membership, without a break in membership.

All other information as previously supplied by the member either on his/her application for membership form or in any other engagements with Bankmed, shall remain unchanged, unless Bankmed is notified in writing. Any declarations previously provided by the member remain in force.

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

What you must do

Step 1: Fill in the form

Step 2: Read and understand the information for which you are applying

Step 3: Sign the application

When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

Section A: (To be completed by the Principal Member)

Compulsory Information

Current Bankmed member number:

RSA Identity or Passport number

Preferred e-mail address for Bankmed purposes:

Preferred cellular number for Bankmed purposes:

Preferred telephone number for Bankmed purposes:

Preferred physical or postal address for Bankmed purposes:

Code

Would you like to change your Plan?

Yes No

If yes, please indicate your Plan choice in the section below.

Please note that a change from a Medical Savings Account Plan to a non-Medical Savings Account Plan may result in a savings claw-back (debt to the Scheme), in the event that the savings utilised in the current benefit year exceeds the Medical Savings Account contributions paid in the current benefit year. Please familiarise yourself with the various Plans before making your choice. Visit www.bankmed.co.za and download the "Benefit and Contribution Schedule".

- Essential Plan
 Basic Plan
 Traditional Plan
 Core Saver Plan
 Comprehensive Plan
 Plus Plan

Section B: (To be completed by the Principal Member)

Compulsory Information – Confirmation of banking details and debit order authorisation

Kindly complete the sections below to ensure that all banking details and debit order authorisations are current.

Please provide banking details for both claims refund and contribution purposes:

	Banking details for claims refund purposes	Banking details for contribution (Debit Order) purposes
Bank (e.g Absa, FNB, SBSA, etc.)		
Branch code (e.g 632005)		
Account number		
Account type (e.g. Current/Cheque, Savings, Transmission)		

Debit Order Banking Details:

Physical address of the Accountholder
(Own/Third party/Company/Trust)

	Code

Please note: This should be provided only if Debit Order Banking details section has been completed above.

I hereby confirm that my employer is authorised to debit my salary with my portion of the monthly contributions required by Bankmed, in terms of the Rules of the Scheme. I furthermore authorise Bankmed to withdraw from my bank any contributions and/or debt owing by me in terms of the Rules of the Scheme.

Principal Member's
Name and Surname

Principal Member's Signature

Date

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Section C: (For completion by the new Employer)

Compulsory Information (Authorised Company Signatory)

Employee name and surname:

Employee number:

Date of employment with new employer:

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Gross monthly salary of employee: R

Name of employer/company:

Employer number:

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Physical address of employer/company:

Code

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Employer's telephone number:

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Employer's e-mail address (To be used by Bankmed when corresponding with the Employer):

Change of employer transfer form submitted by (indicate full name and surname):

1. Bankmed terms and conditions

1. Rules for membership

1.1. Who "we" are

Bankmed, registration no 1279, registered with the Council of Medical Schemes. Discovery Health (Pty) Ltd, registration number 1997/013480/07, the administrator and managed care organisation for Bankmed, and an authorised financial services provider.

1.2. Rules for membership

The Bankmed Rules records your rights and responsibilities pertaining to your membership of Bankmed. They may change from time to time. You may ask us for a copy at any time or you can access on the website www.bankmed.co.za. When you sign this application, you confirm that you have read and understood the Rules and you agree that you and, those for whom you apply, will be bound by them.

Where applicable you also acknowledge and confirm that the financial adviser, you or your employer appointed, may communicate with us on this application and your membership with Bankmed. You give permission that we may share your medical information and other relevant Personal Information about you and your dependant/s with your chosen financial adviser. The information will be shared so that he or she can contact us if necessary while we process your membership application.

Please speak to your financial adviser or one of our consultants should there be anything you do not understand.

1.3. Who you may apply for

You may apply to join Bankmed on your own or together with your dependants – your spouse, your partner and people who are financially dependent on you as defined in the Bankmed Rules. For anyone to be treated as financially dependent for this application, you must be responsible for providing financially for that dependant. We might ask you to provide us with proof of financial responsibility.

You will be referred to as the principal member or main member in our future communications to you.

1.4. Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that:

You have the right to apply for membership and to act for those for whom you are applying in any matter relating to this application.

You have received permission from your spouse and any dependant/s over 18 to act on their behalf in any matter relating to this application. In the event that you are signing on behalf of a minor (person younger than 18 years old) that you are a competent person and authorised on their behalf.

1.5. Giving and obtaining information

You must provide true, correct and complete information.

To consider your application for membership, Bankmed must learn more about you and those for whom you apply. This information must be true, correct and complete. This includes the details you provide in this application form and in future dealings with us. It is important that you inform us of any medical condition, symptom or illness relating to you or those for whom you are applying, even if you do not consider it relevant to your application. We may ask for more information about those for whom you are applying if they are 18 years of age and older.

Your legal address.

We will send documents to you at the address you selected as the communication channel at which you prefer to be contacted. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have provided, or at any other address you have supplied. It is your responsibility to ensure we have the correct address for you.

Bankmed and Discovery Health (Pty) Ltd may record telephone calls.

We may record telephone conversations with you and with those for whom you are applying. The recordings and all information we obtain from the recordings will be processed and retained as required by law.

We may obtain information about you from other relevant sources.

To consider your application for membership, conduct underwriting or risk assessments or to consider a claim for medical expenses, you give us permission that we may obtain information about you and those for whom you are applying from other relevant sources. These include any entity that is associated with Bankmed, medical practitioners, financial advisers, credit bureaus or industry regulatory bodies. We may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you provide on this application and in respect of any matter pertaining to or that arises during your membership of Bankmed, is true, correct and complete. You give your permission that we may obtain any information that is relevant to your application and membership from your employer.

Inform us immediately if your information changes.

You, your employer or your financial adviser must inform us in writing should any of the information you have provided, in your application for membership, changes between the day you sign this document and the day your membership commences. This includes information regarding your health and the health of those for whom you apply. We require advance notice of any administrative changes such as cancellation of membership, as we cannot accept backdated changes.

When Bankmed may suspend or terminate your membership/s.

Bankmed may suspend or terminate any memberships immediately, should the member or dependant/s on the membership be found guilty of abuse of privilege of the Scheme. It is very important for the member and dependant/s to provide true, correct and complete information on the application form and in their dealings with the Scheme.

1.6. Becoming a member

Bankmed might not pay for certain expenses immediately after you become a member.

Bankmed may have waiting periods that apply in certain circumstances. This means there may be a set time period before Bankmed begins paying for any general or specific medical conditions. Please speak to one of our consultants to find out if waiting periods apply to your membership and the memberships of those for whom you are applying.

Resign from current medical schemes when accepted.

It is illegal to be a member of more than one medical scheme at the same time. You and those for whom you are applying must resign from your current medical schemes when you receive notice from Bankmed by letter, e-mail or SMS informing you that you and those for whom have applied have been accepted.

You must ensure contributions are paid on time.

As the main Bankmed member, you are responsible for ensuring that your contributions and the contributions of those for whom you are applying for are paid on time every month to avoid suspension of benefits. If you pay your own contribution, you will be able to identify the order for your monthly contributions on your bank statement, the reference number BANKMEDCON will be used. The Scheme has the right to amend monthly contributions and benefits from time to time, suspend/ terminate membership if the contributions are in arrears.

1.7. Repaying money owed to the Scheme

Bankmed has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you should there be any amount owed to the Scheme.

You must repay any medical savings owing should you leave Bankmed.

Once you become a member, depending on the Plan you chose, you may have money available in advance to use for medical expenses over the year. This money is made available in an account called the 'Medical Savings Account'. Should you leave Bankmed before the year is up you must repay the portion of medical savings you have utilised that is more than you have paid back to Bankmed over the year. You will be able to identify the debit order for the money owing to the Scheme on your bank statement, the reference number BANKMEDCLA will be used.

Signature of main applicant Date

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Please do not sign an incomplete application form

This Agreement's reference numbers are BANKMEDCON, BANKMEDCLA

Signature of account holder Date

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In addition to the above terms, the policyholder must agree to the following:

- 1. I confirm that I have the right to give Bankmed Medical Scheme the authority to debit such account on a monthly basis. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by Bankmed Medical Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.
- 2. I hereby authorise Bankmed Medical Scheme to verify the banking details as provided above for the purpose of setting up a debit order, in need.
- 3. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
- 4. I confirm that if I miss a premium collection date I authorise that Bankmed Medical Scheme may deduct a double debit of my premiums the following month.

I, (Full name(s) and surname according to your identity document), as the Principal Member, give Bankmed Medical Scheme permission to change my banking details.

Signed at (town or city) on

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Signature of Principal Member

Please only sign if you have read and understand this statement.

Signature of Personnel Officer/Payroll Stamp

Designation Date

D	D	M	M	Y	Y	Y	Y
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Please submit completed transfer forms (Signed and stamped by the employer/authorised company signatory)